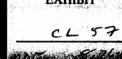
EXHIBIT 40







CY ACT STATEMENT AUTHORITY: The authority to collect this information

2 PURPOSE AND USE. Thus information will of a complaint of discrimination based on race, or religion, national origin, age, disability (physical	be used to document the issues and allegations color, sex, including sexual harassment,	and appeal, if one, NON-DISCLOSU	complaint file during the investi to the Equal employment Oppor RE Submission of this information il result in the complaint being re	tunity Commission EFFECTS OF on is MANDATORY. Failure to furnish
1. Complaintant's Full Name			2. Your Telephone Number	er (including area code)
Colle		Home (781) 397-6332 / (781) 264-0362		
Street Address RD Number, or Post Office Box Number 56 Chester Street		Work		
City, State and Zip Code				
Malde	en, MA. 02148			
3. Which Department of Justice Office Do You Believe Discriminated Against You?		4. Current Work Address FMC Devens, P.O. Box 880, Ayer, Massachusetts 01432		
Federal Bureau of Prisons		A. Name of Agency Where You Work		
B. Street Address of Office		B. Street Address	of Your Agency	······································
FMC Devens, P.O. Box 880				
C.C. Character Tip Code		C. City, State and Zip Code		
C. City, State and Zip Code Ayer, Massachusetts 01432		D. Title and Grade of your Job		
Ayer, Massachuseus 01432		Inmate Systems Management Officer GS-07		
5. Date on Which Most Recent	6. Check Below Why You Believe you V			
Alleged Discrimination Took Place			•	
	Race or Color (Give Race or Color)			☐ Sexual Orientation -
Month Day Year	□ Religion (Give Religion)		ar there's continues in the	
	S Sev Cine Savi D Male S Fee	ale 1 /4 200 figs	W ROZERIE S. 10° : C.	
Sontinuing Violation	Sexual Harassment	14 Just Vom Nan	nc Herc	
ontinue violation	—		1	CONTRACTOR
			Nethical Penture	Grant Charles
	☐ Nation Origin (Give National Origin) ☐ Disability ☐ Physical (1999) (1999))	i	[# 74E T 1
···	Disability U. Physical	Mental		
Janaury 6 , 2003, Complainant advised Wai Complainant was not allowed to rotate her January 8, 2003, the Complainant was diag circumstances. The Warden refused to pro Complainant was denied Voluntary Leave 1	Bank Donations/Solicitations; additional	lea. Warden took no nedule. er and totally disable Advance Sick Leave	o action to restrict Reynoso for d and unable to work at her and administrative leave with	current job in the current
On February 6, 2003, the Complainant was 3. What Corrective Action Do You Want Tal	s placed on AWOL status, notified and ver	ified by Personal Ea	mings and Leave Statement	
Make Whole Attorney Fees and Cost Retroactive Pay and Vacation and Sick Tin Removal of current LWOP/AWOL status fi Retroactively placement on Administrative Afforded all opportunities that are available Removal/Reassignment of my Assailant Mi Written assurance from management that I	ne Restored from any/all records Leave from the time of effective LWOP/A to other staff; (i.e., training, institutional r. David Reynoso, Intelligence Officer, for	access and overtime m FMC Devens	e, etc.)	
9. A) I Have Discussed My Complaint With	an Equal Employment Opportunity Cour	nselor	B) Name of Counselor	
DATE OF FIRST CONTACT:	DATE OF LAST INTERVIEW		4	☐ I Have Not
January 21, 2003	March 27, 2003		Kenneth Nichols	Contacted an
	<u> </u>	90 5 W		EEO Counselor
e of This Complaint:		11. Sign Your Nath		1-1
Month Day Year 3 31 2003		**************************************	A. Rizzitelli, Jr. 100 Comp Dathy Connecticut 064	•
			1332	FORM DOJ-201A
	ingures [1]		rand Official COLUMN	BOP